THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTORS:

Eric A. NELSON, et al.

SERIAL NO:

09/884,730

FILING DATE:

June 19, 2001

TITLE:

AIRCRAFT DATA SERVICES

ART UNIT:

2143

EXAMINER:

Thomas J. MAURO, Jr.

MAIL STOP AF COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450

RESPONSE TO OFFICE ACTION

SIR:

In response to the Office Action mailed November 15, 2004 in the aboveidentified application, the Applicant respectfully submits the following.

Amendments to the Claims begin on page 2 of this paper.

Remarks begin on page 14 of this paper.

04/07/2005 DEVANS

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PAIENI	APPLICATION	PEE DE I	ERMINATIO	N RECURD

Effective October 1, 2000

Application or Docket Number

04884730

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS		24				l	RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			2-4 minus 20= *		. 4			X\$ 9=		OR	X\$18=	72
INDEPENDENT CLAIMS			10 minus 3 = 7					X40=		OR	X80=	560
MULTIPLE DEPENDENT CLAIM PRESENT							+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2							1	TOTAL		OR	TOTAL	1342
2/15/65 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL I	NTITY	OR	OTHER SMALL I	THAN
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ž	Total	. 24	Minus	2	4	=		25 X\$ X 5=		OR	X\$ ¥6 =	
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							L.	TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE	400
		(Column 1)		(Colur	mn 2)	(Column 3)	_ ′	NODIT. I CL			NODIT. 1 CE	1
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
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<u> </u>	TINOT TRESE	INTERIOR OF WA	Chree ber	ENDENT	CCAIIV		³	+135=		OR	+270=	
							_ A	TOTAL DDIT, FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colur	nn 2)	(Column 3)	_			•		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		=	 	X40=		ı	X80=	
L	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		│ ├			OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." TOTAL ADDIT. FEE TOTAL ADDIT. FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												